

CLAIMS ONLY							Application Number 101815293		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
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50		1									
Total Indep	3										
Total Depend	35										
Total Claims	38										
51		1									
52		1									
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56	1	1									
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98		1									
99		1									
100		1									
Total Indep	2										
Total Depend	19										
Total Claims	21										

21
59.